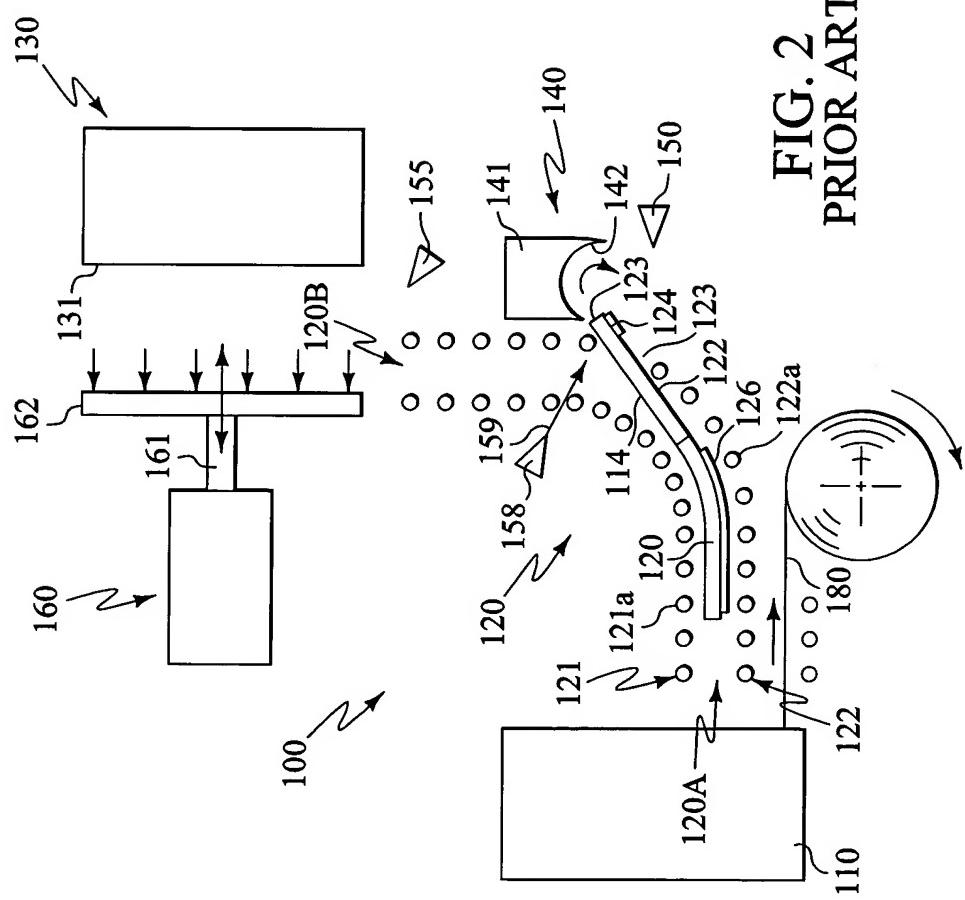


FIG. 1  
PRIOR ART



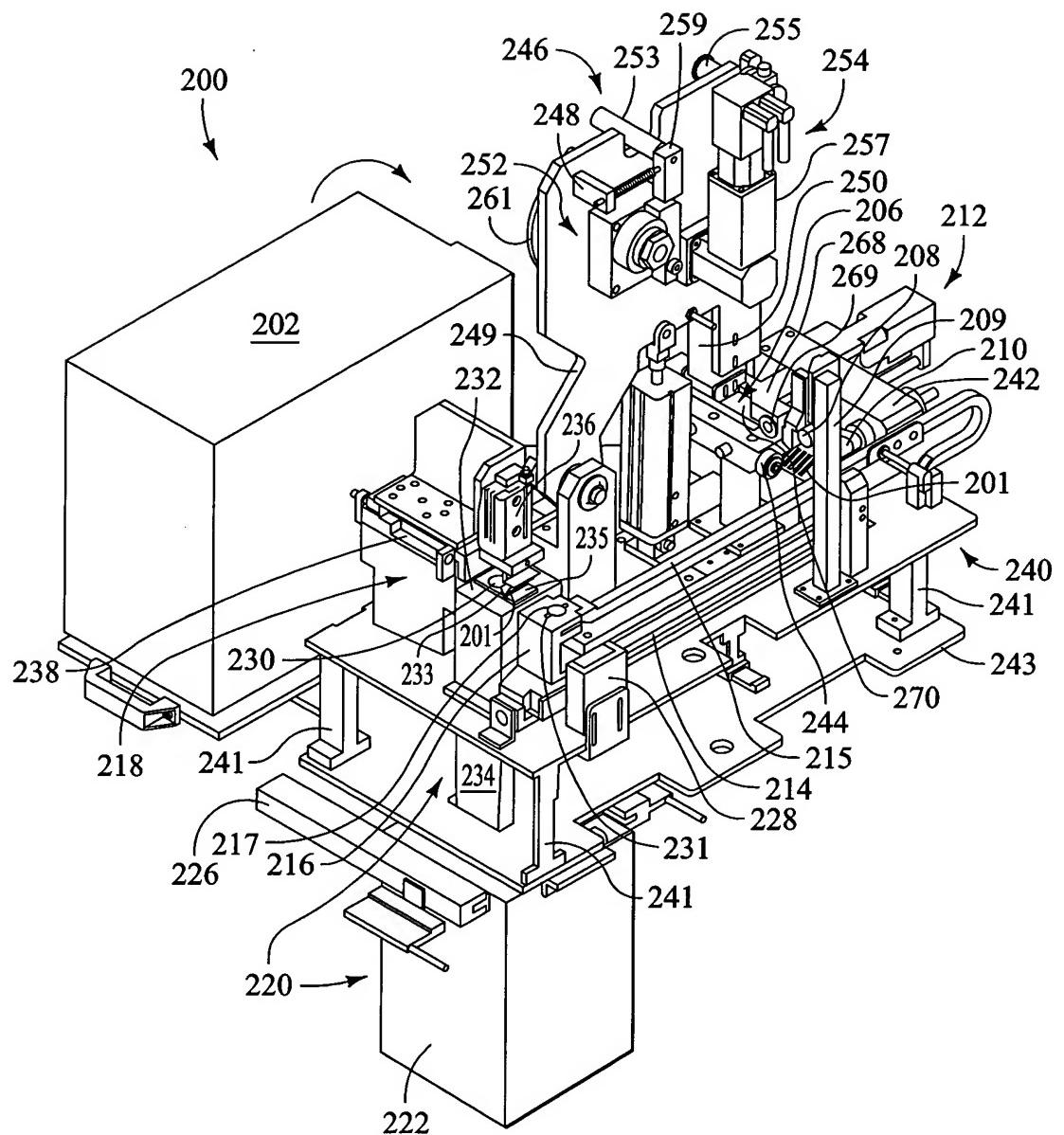


FIG. 3A

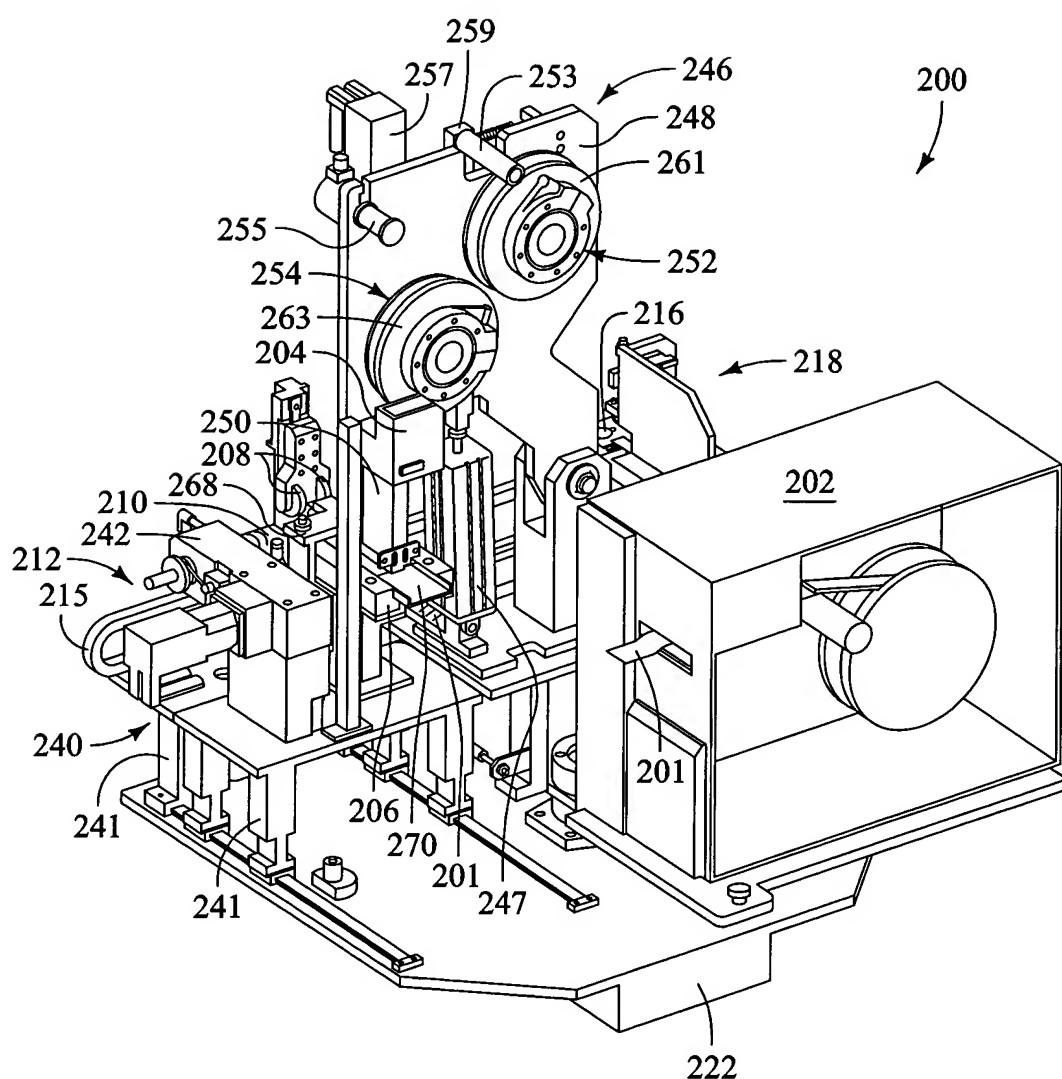


FIG. 3B

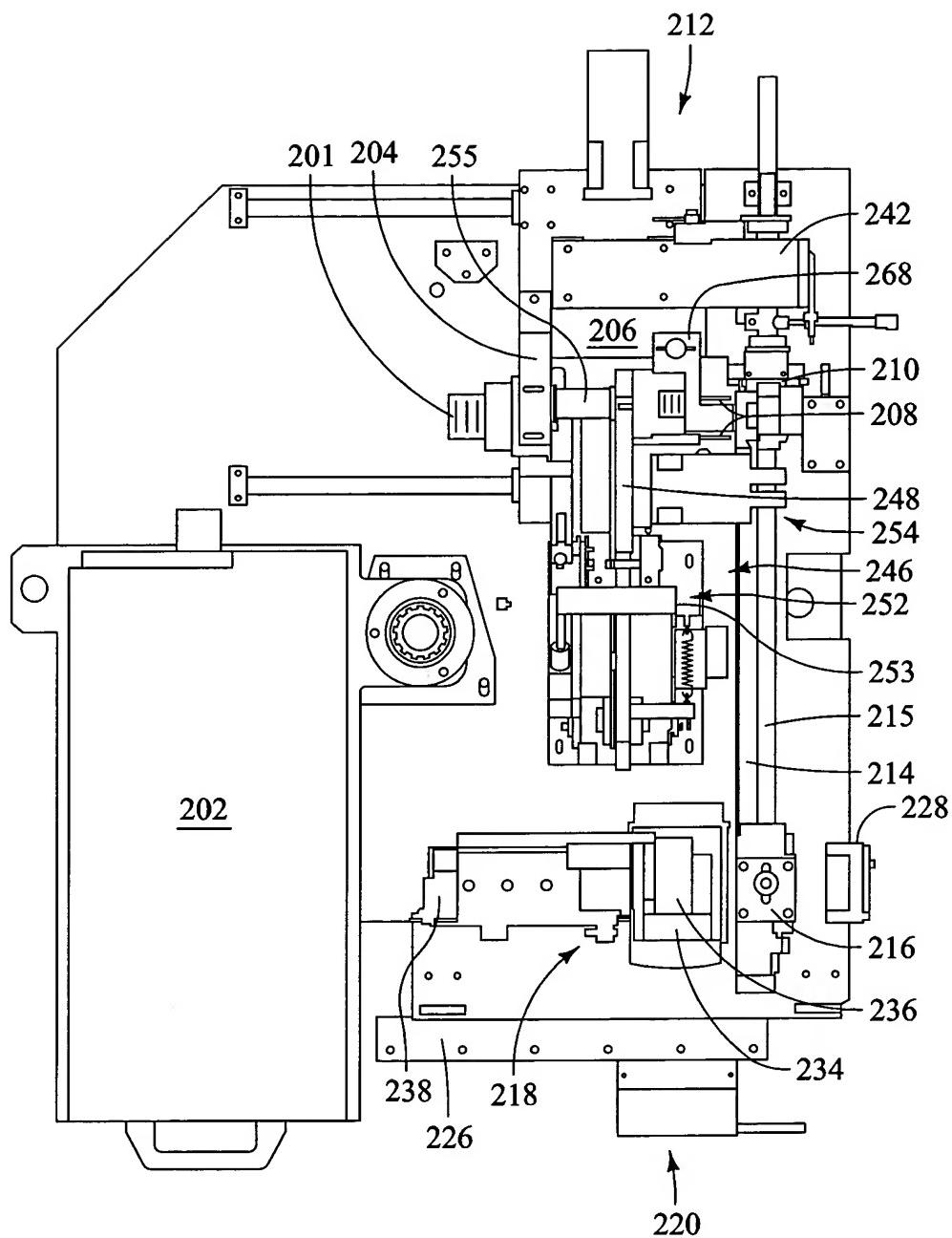


FIG. 4

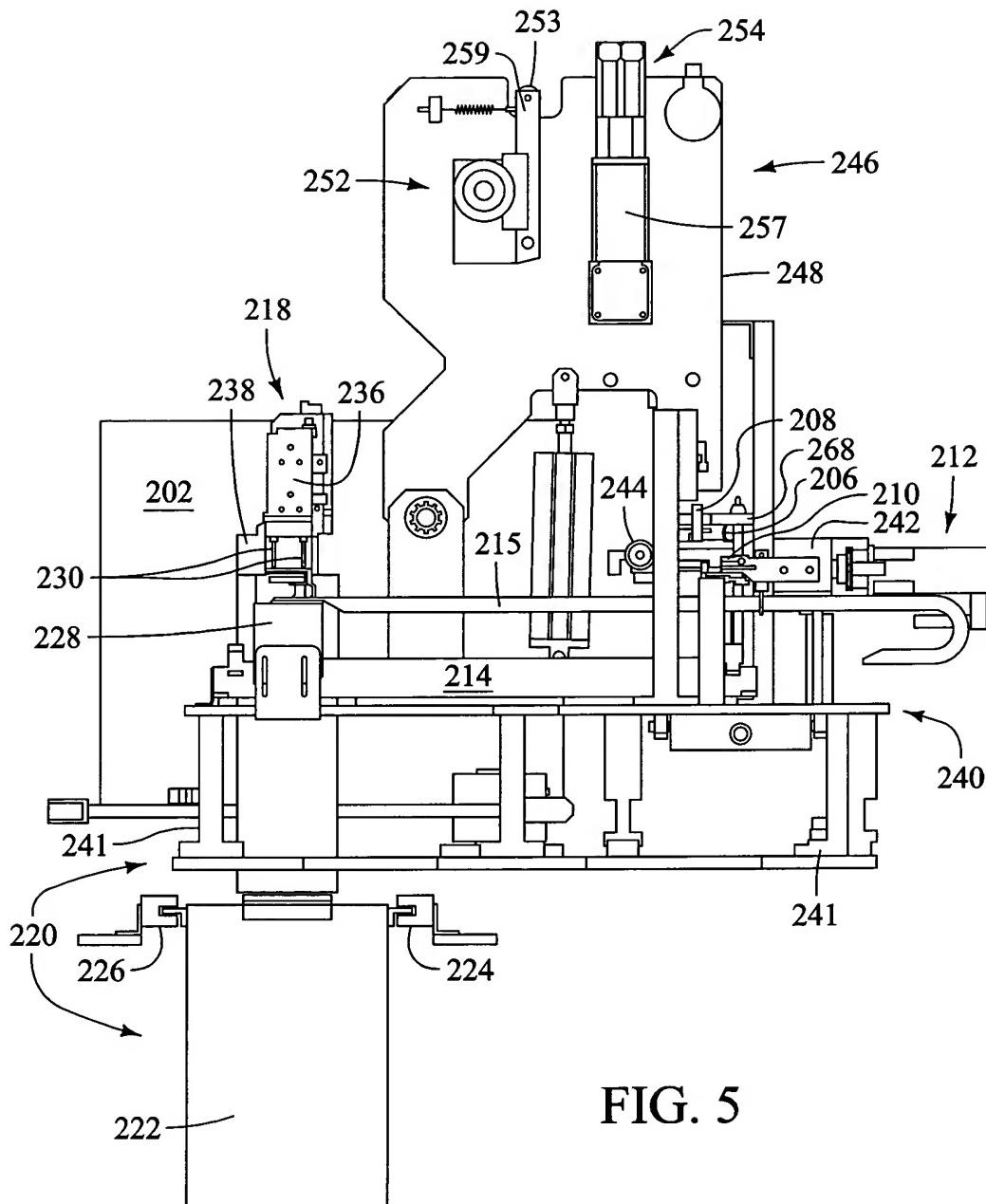


FIG. 5

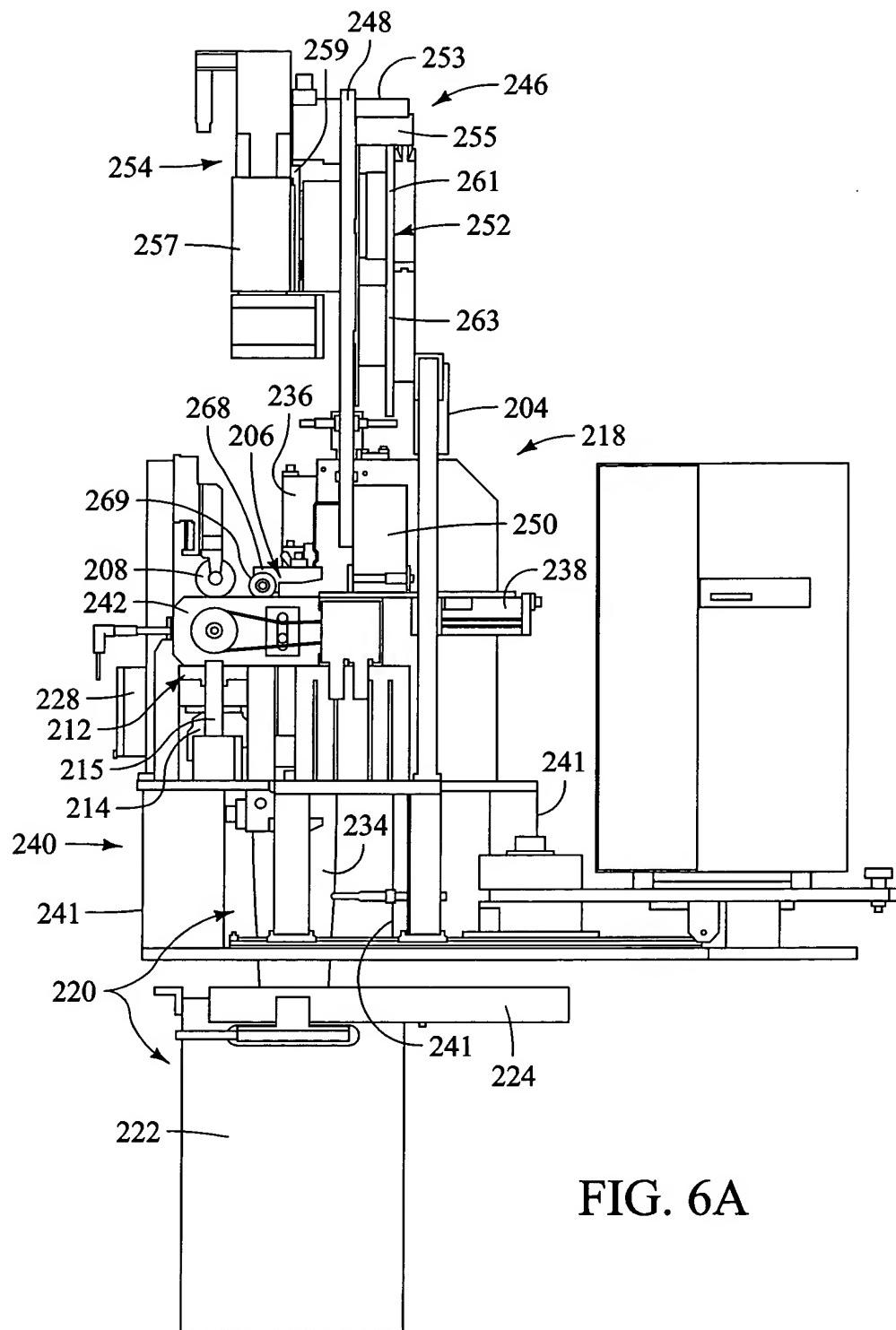


FIG. 6A

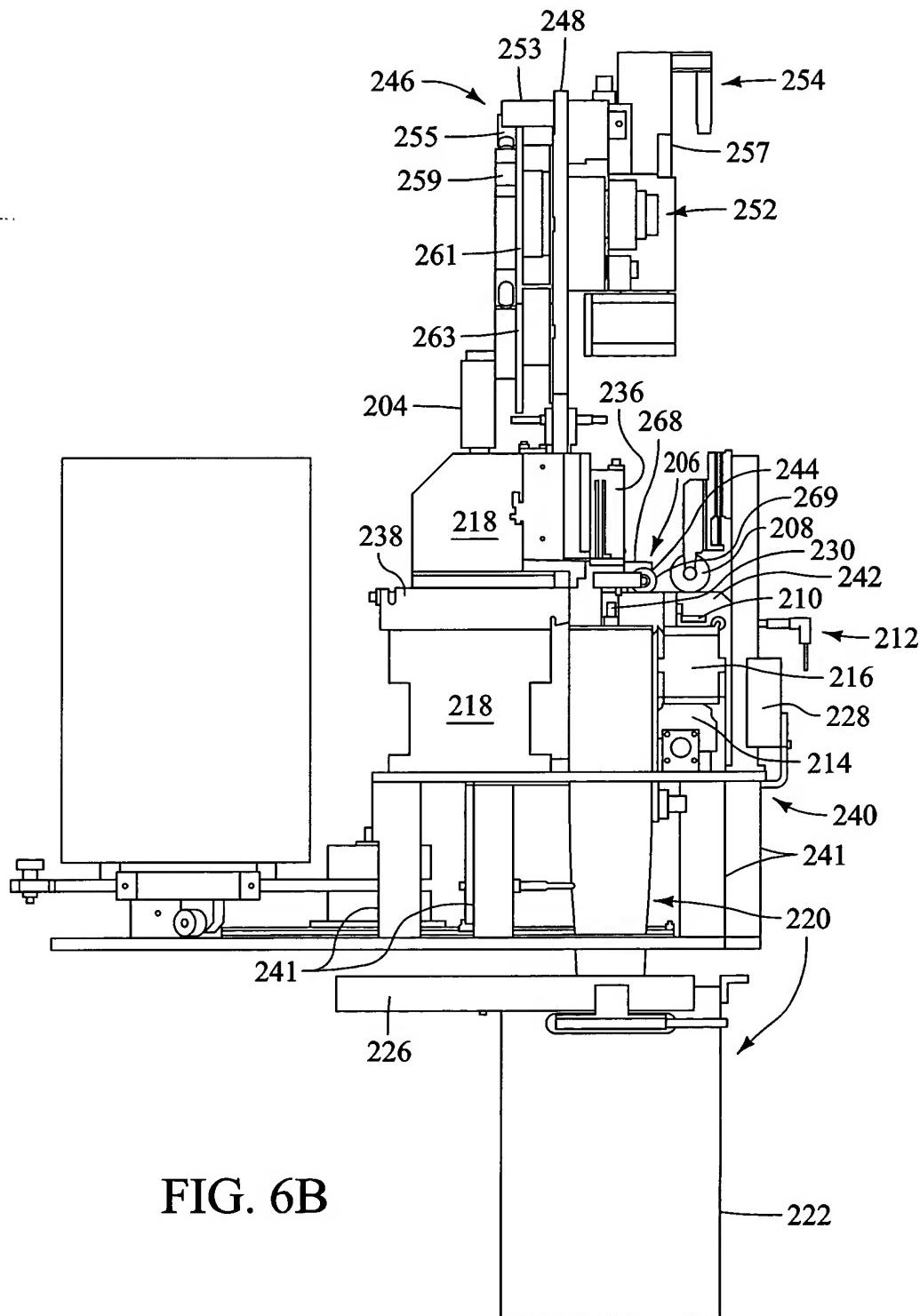


FIG. 6B

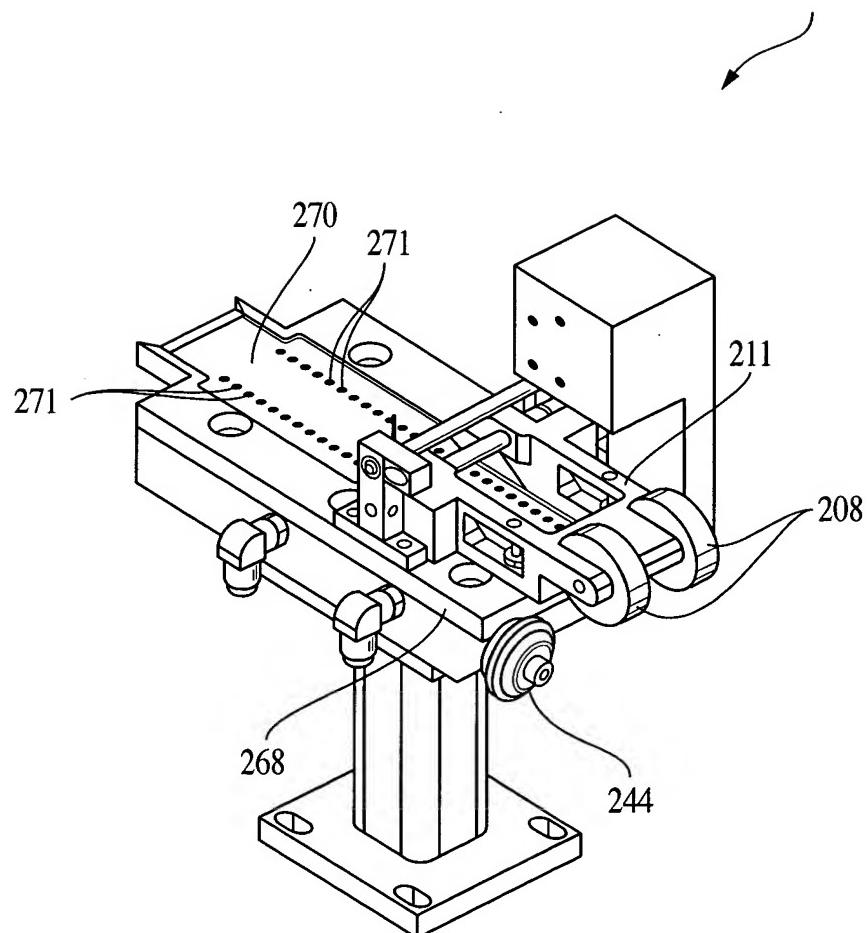


FIG. 7

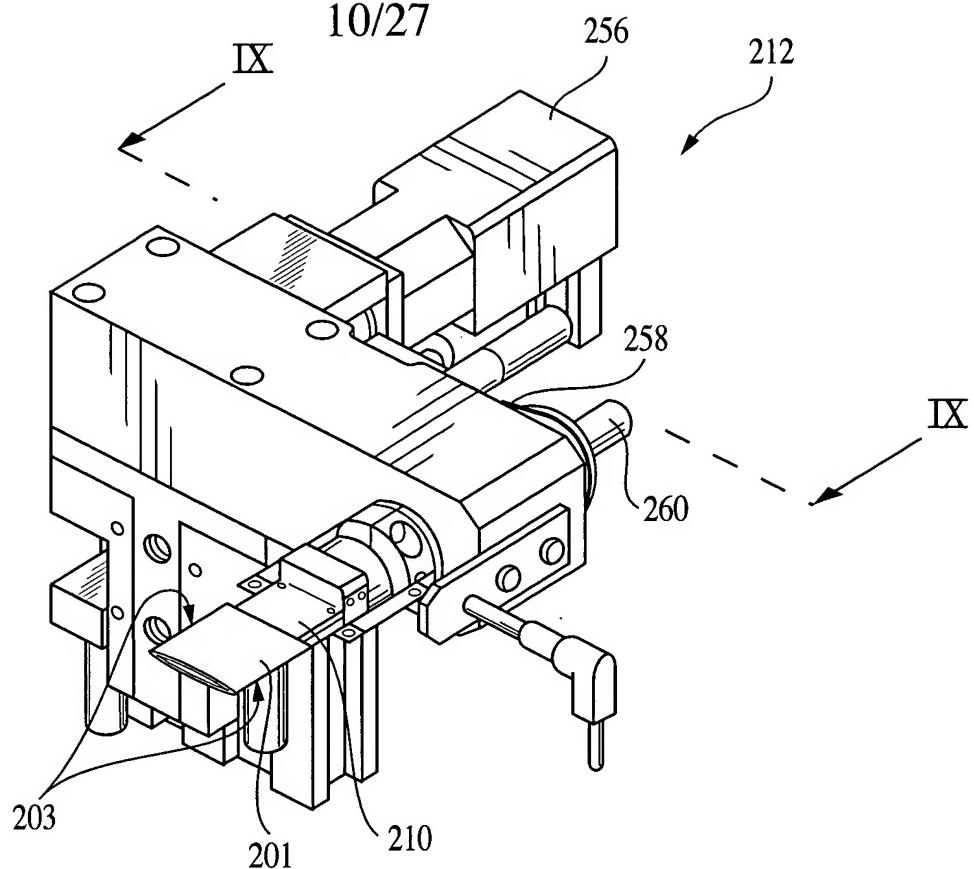


FIG. 8

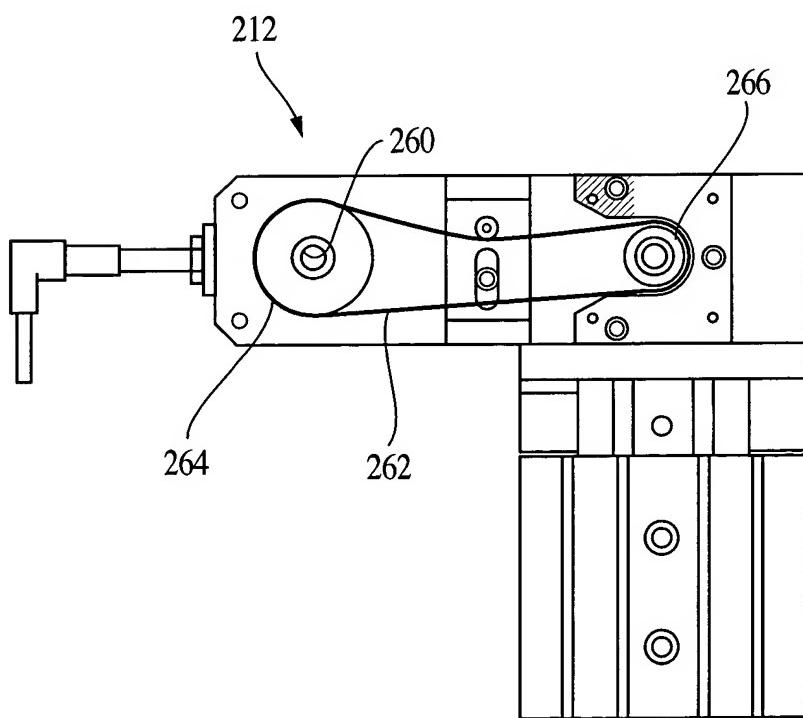


FIG. 9

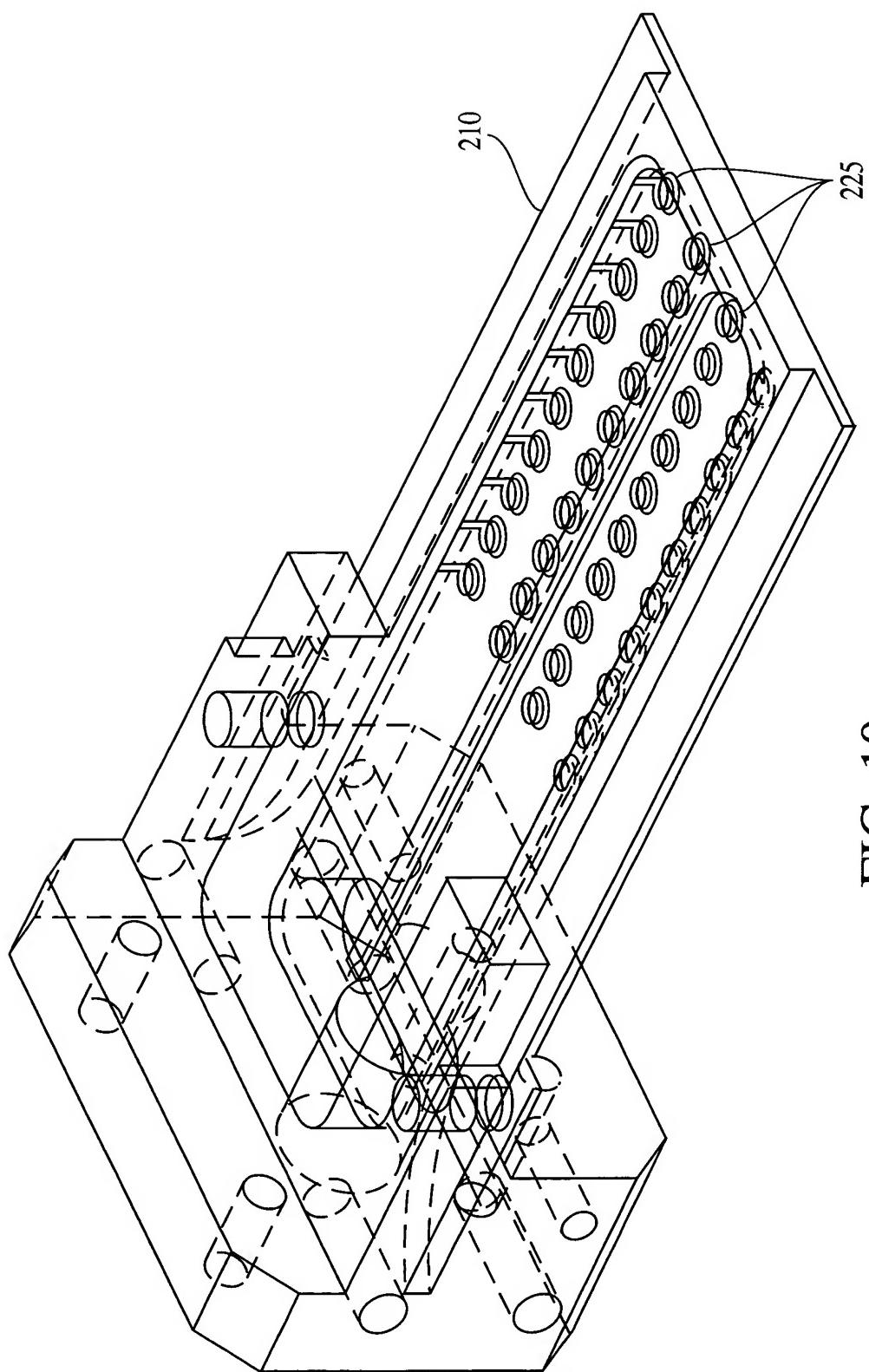


FIG. 10

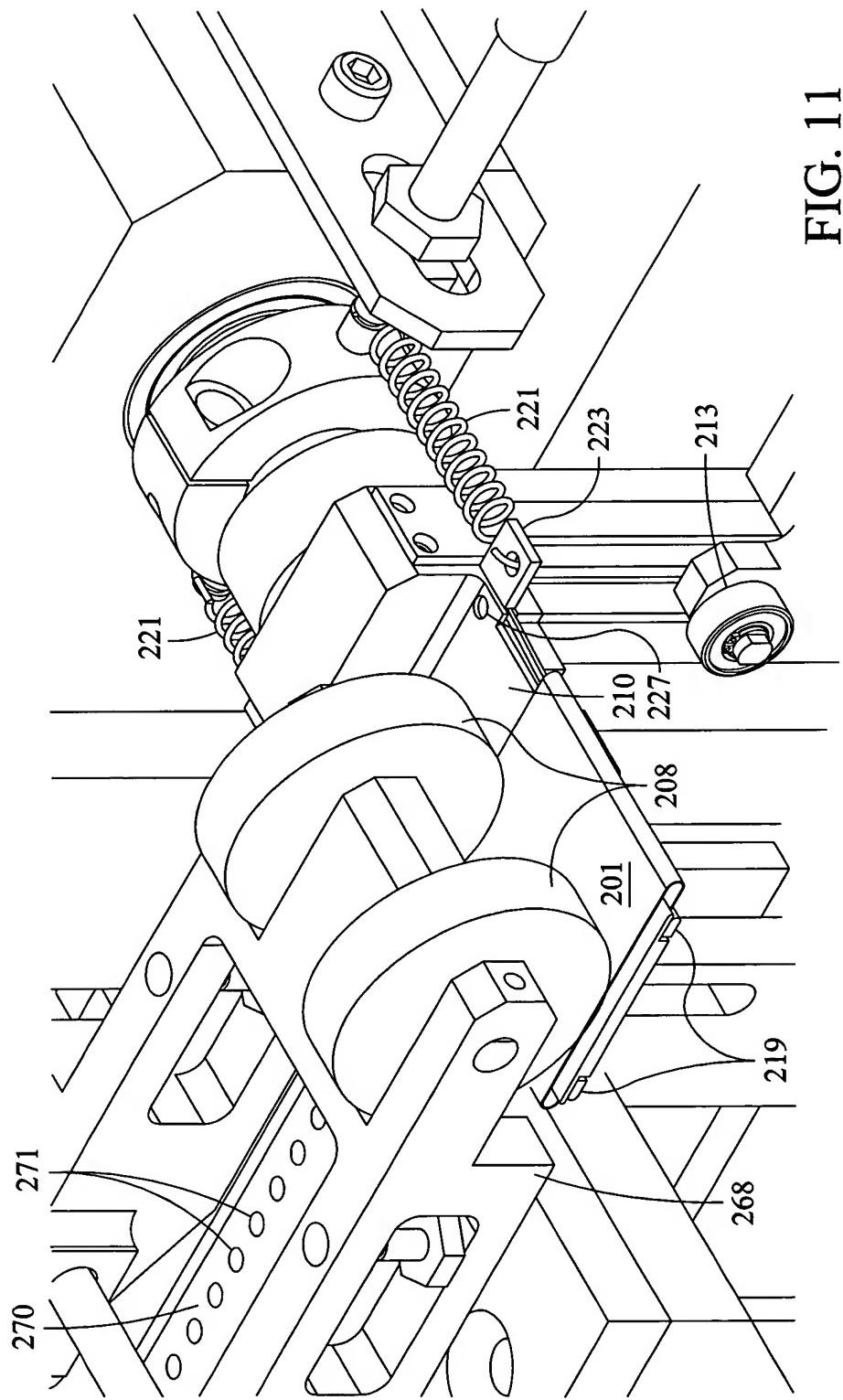
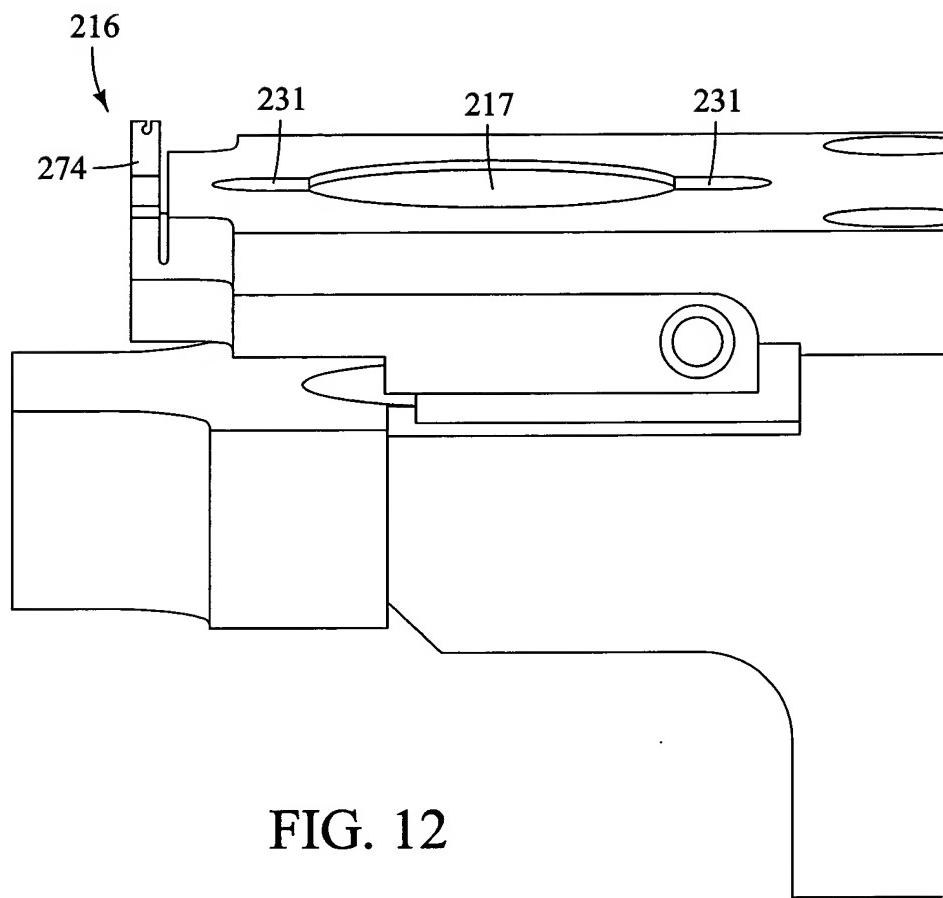


FIG. 11



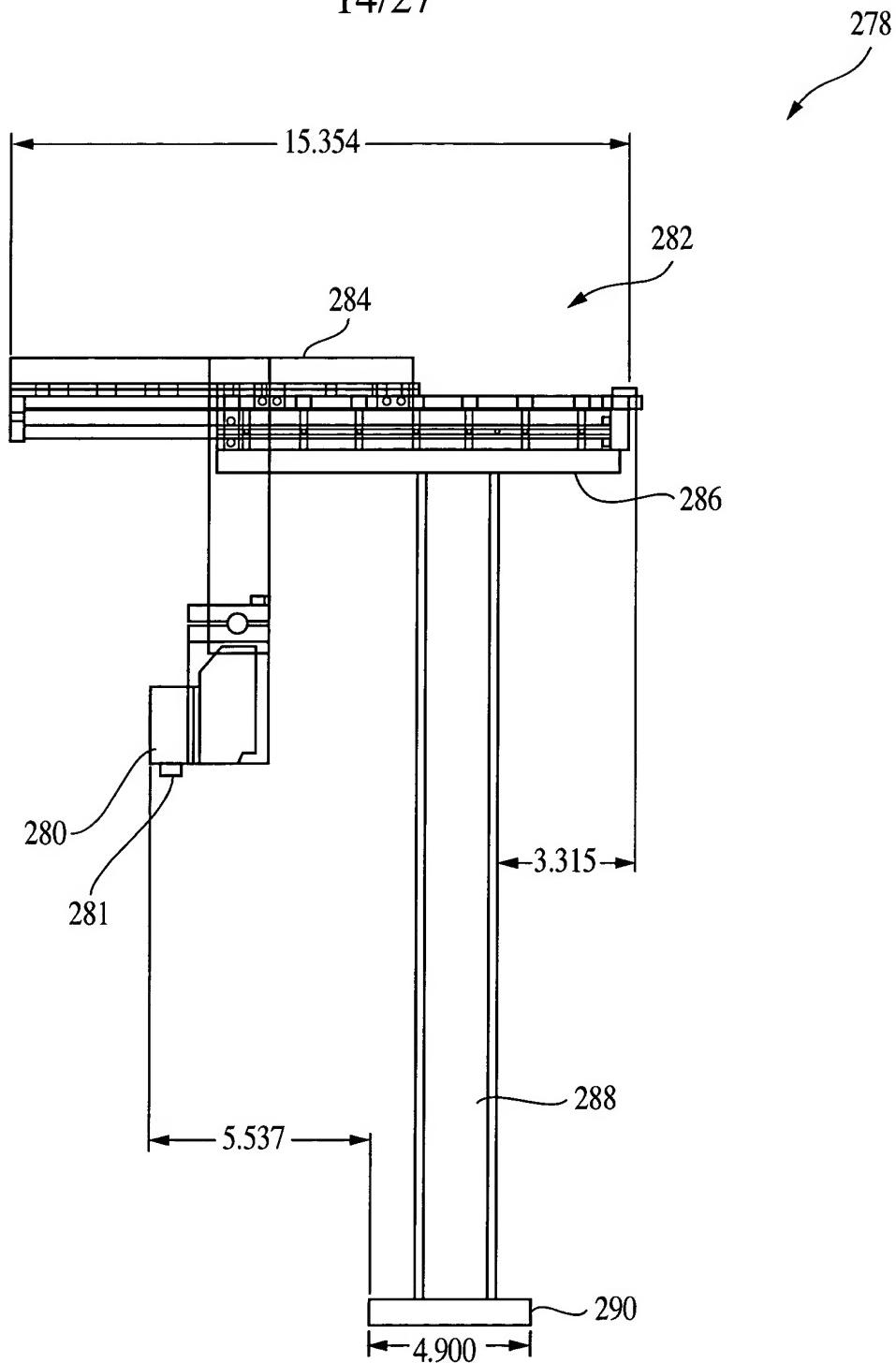


FIG. 13A

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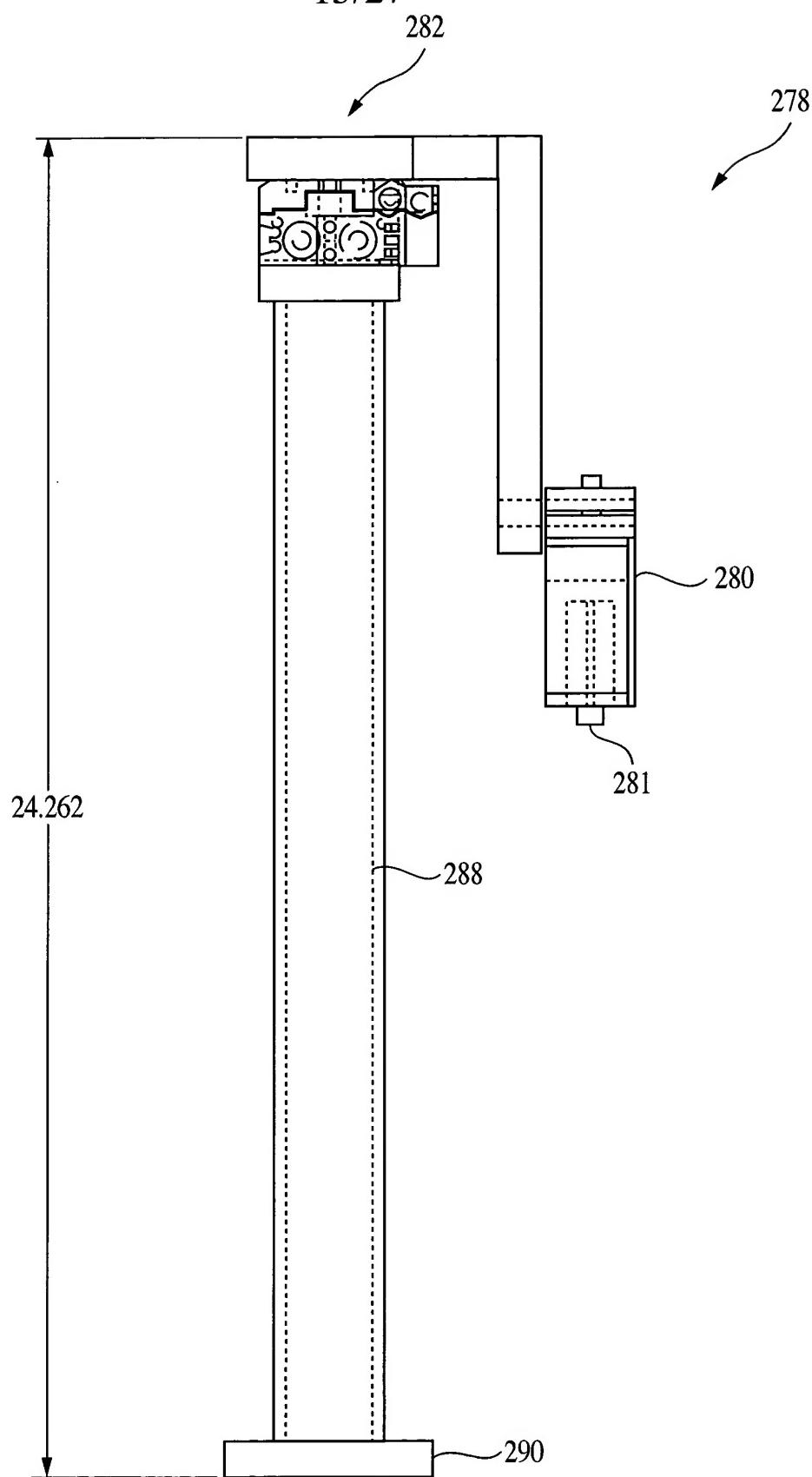


FIG. 13B

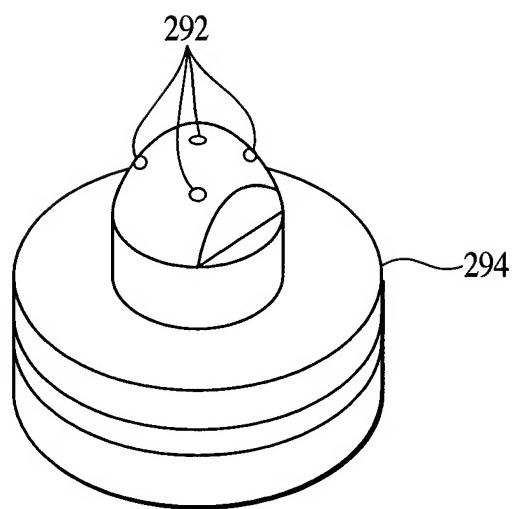


FIG. 13C

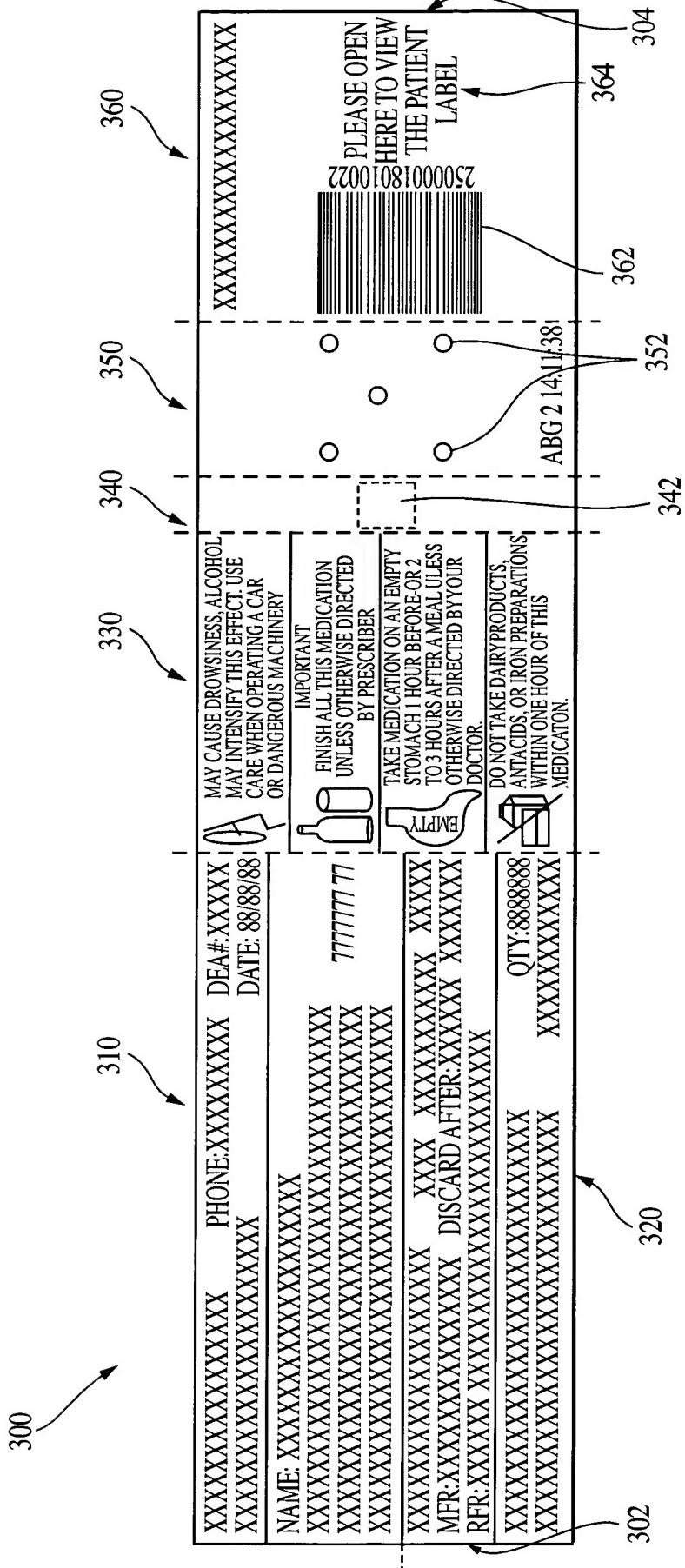


FIG. 14

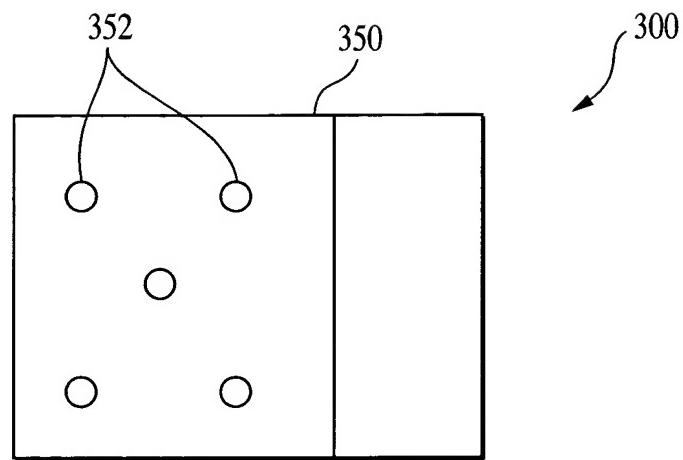


FIG. 15A

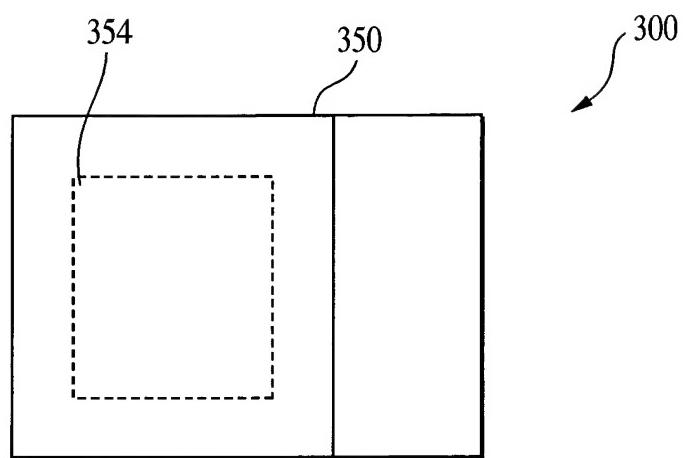


FIG. 15B

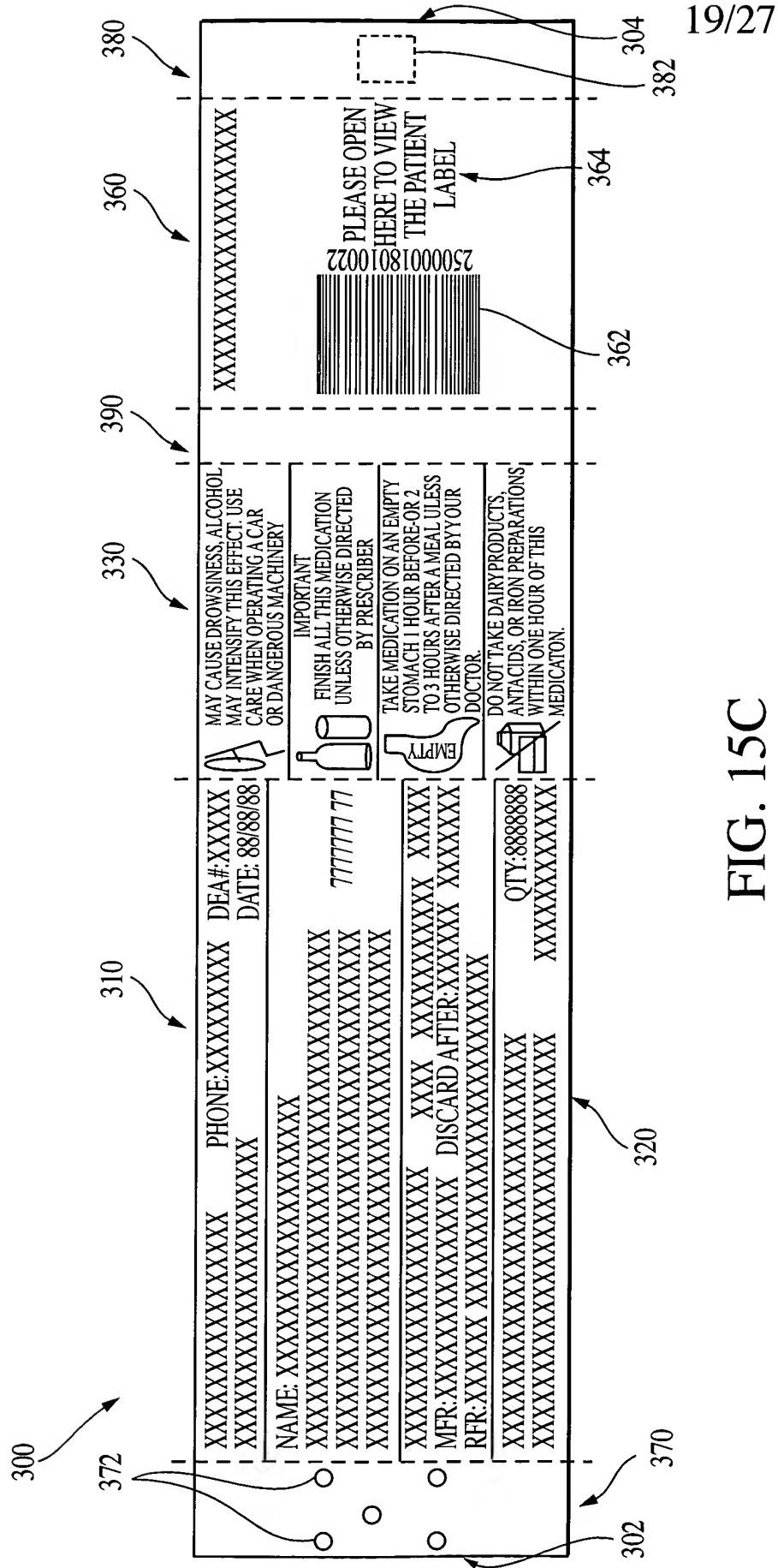


FIG. 15C

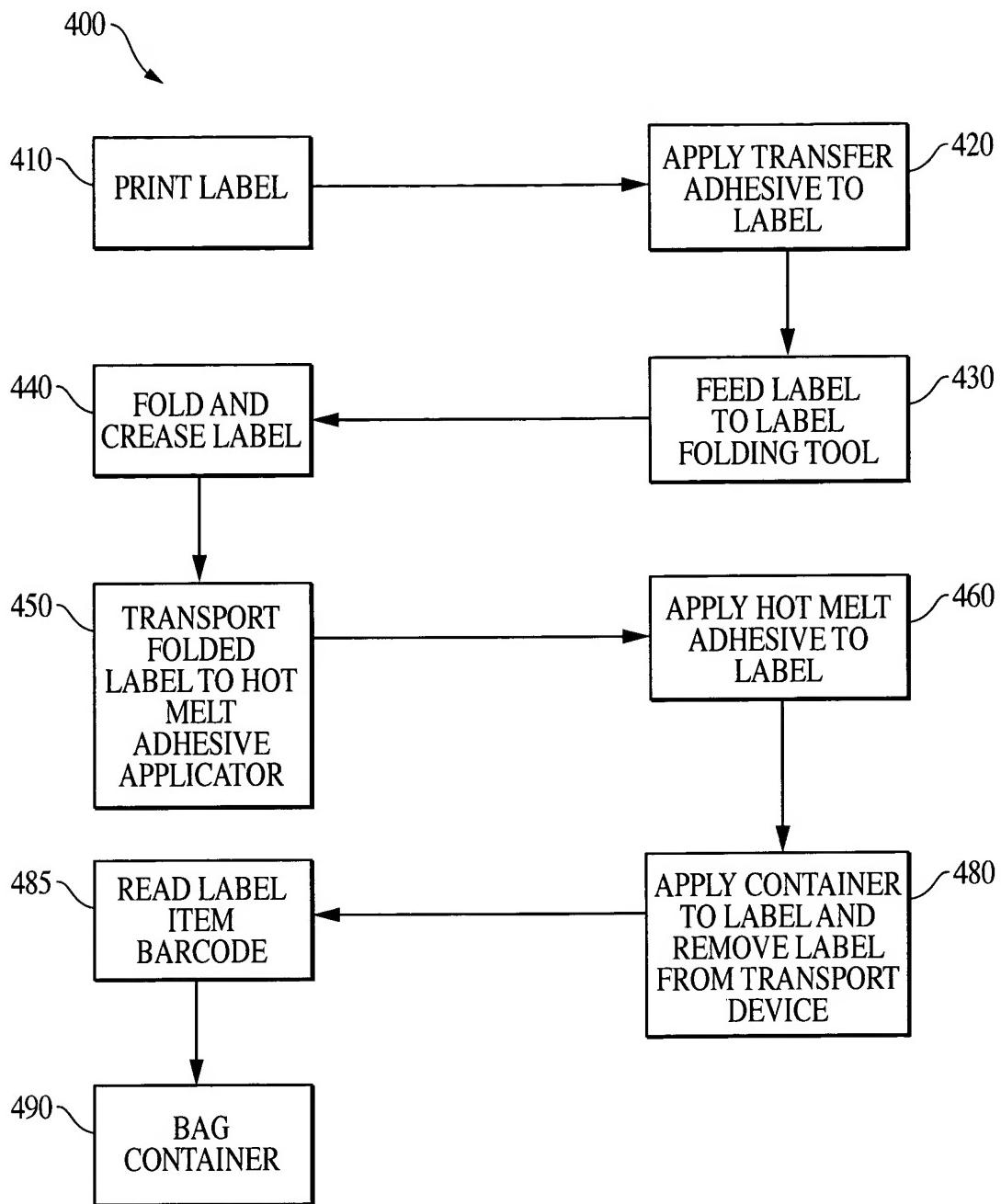


FIG. 16

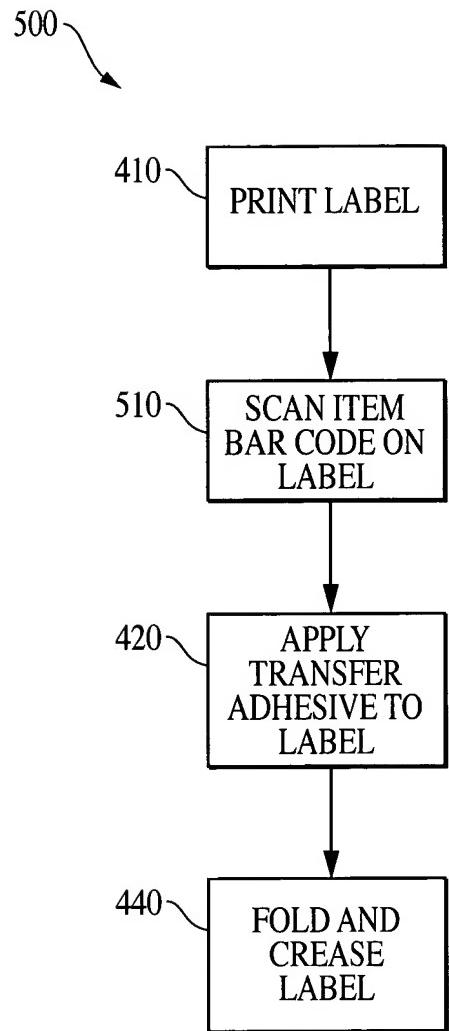


FIG. 17

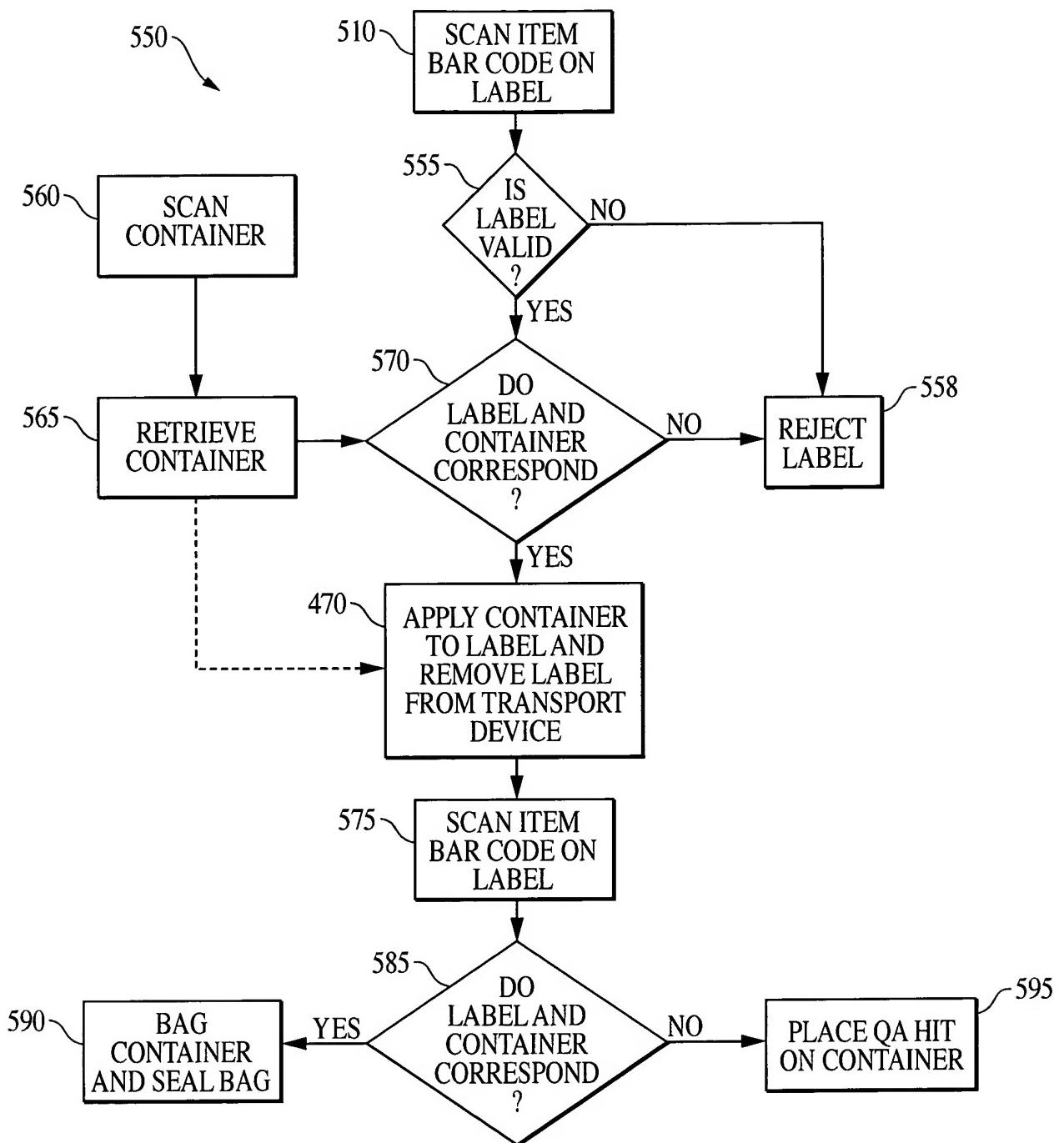


FIG. 18

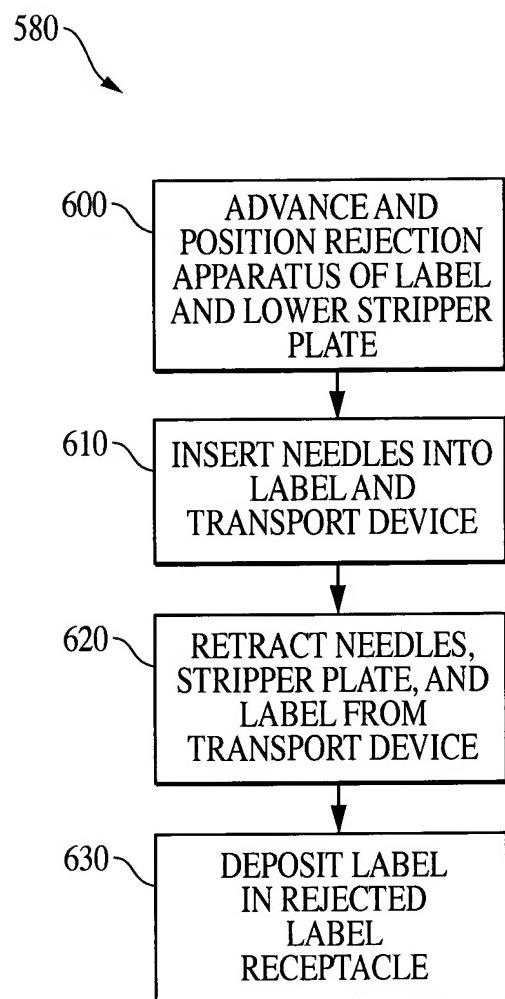


FIG. 19

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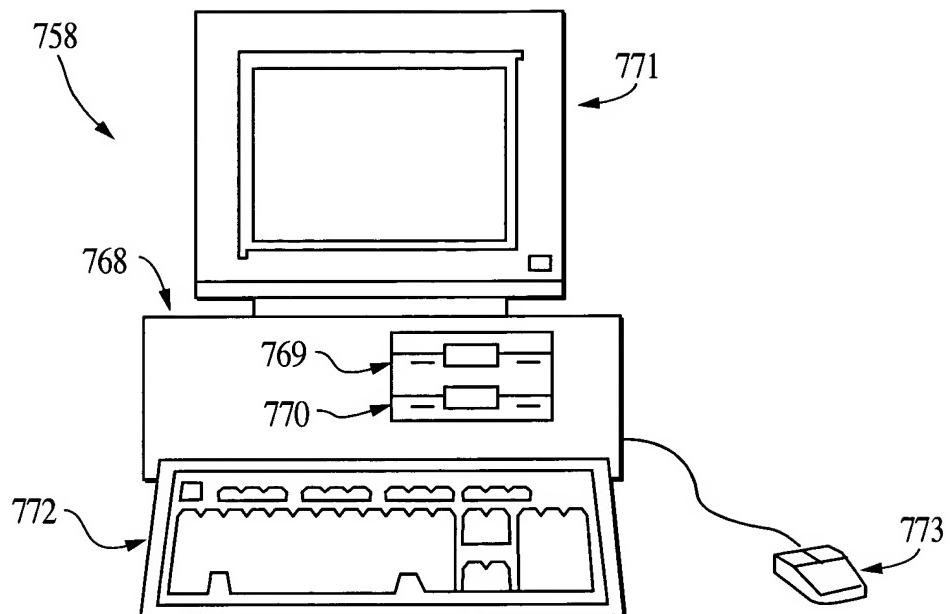


FIG. 20

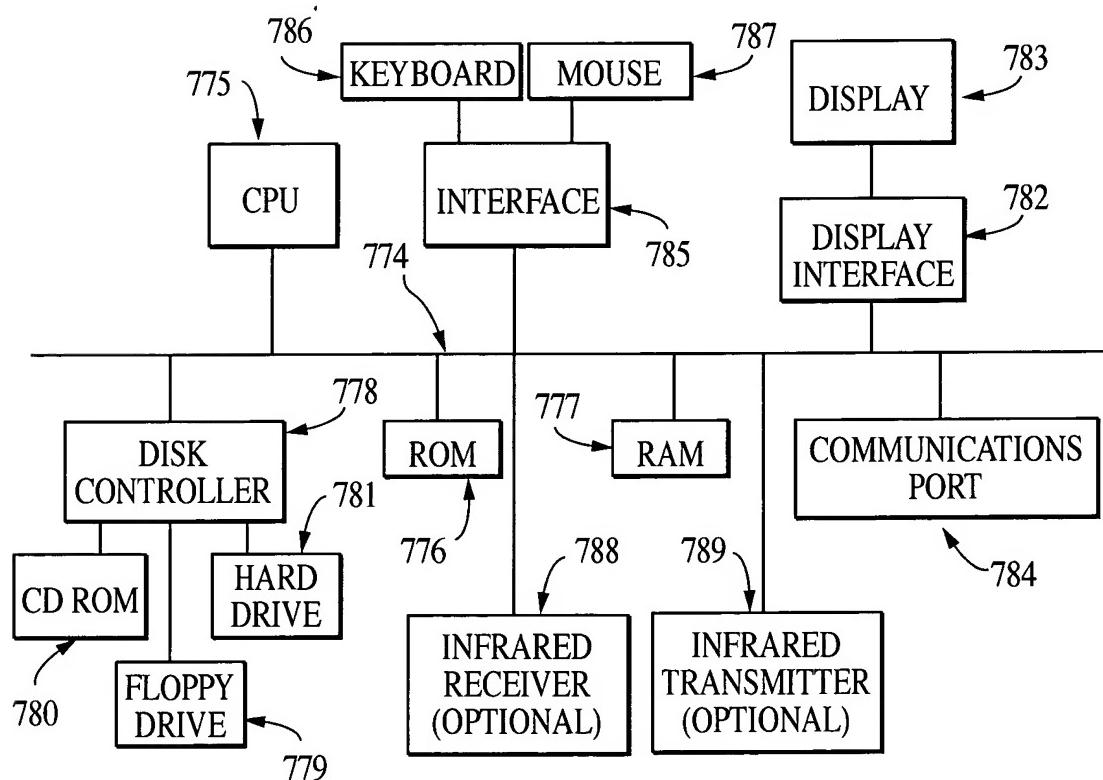


FIG. 21

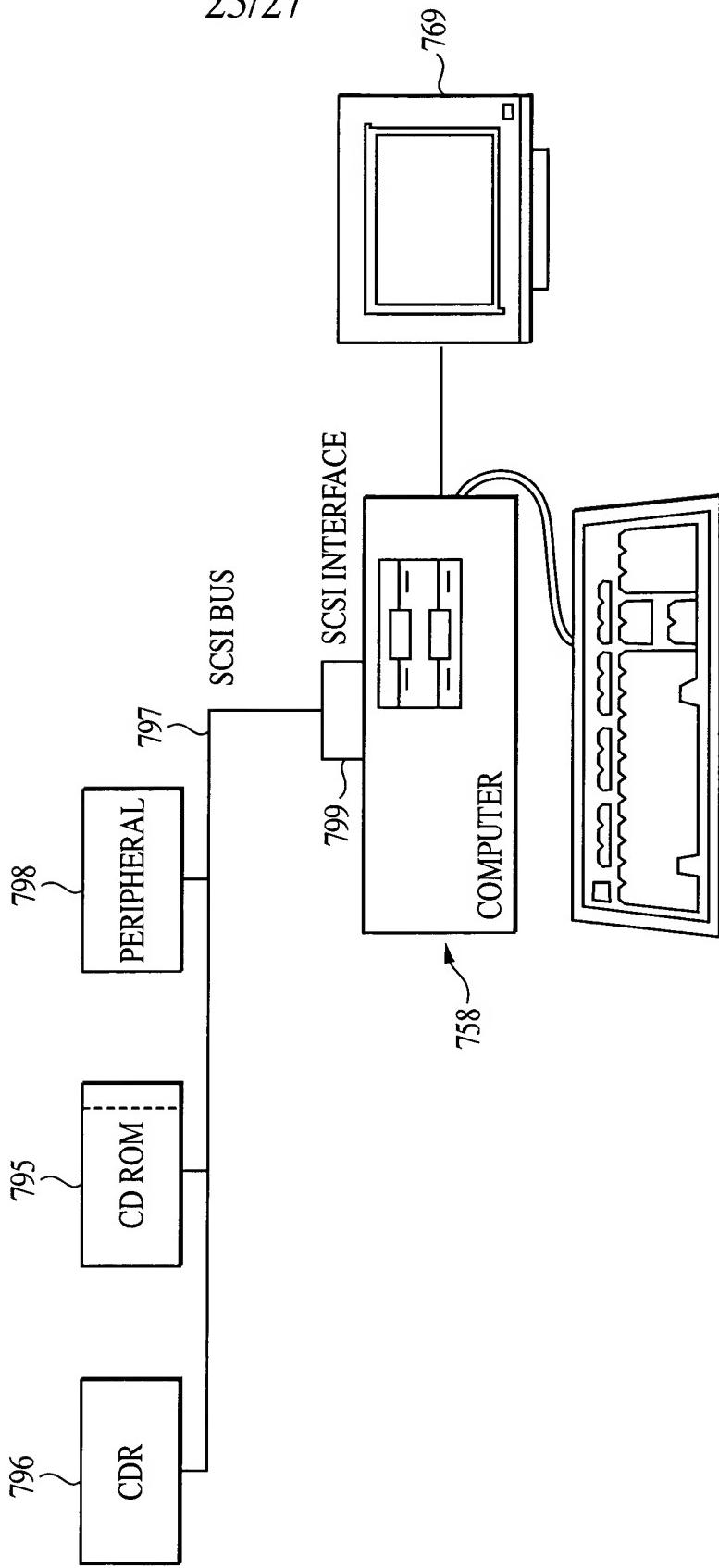


FIG. 22

FIELD	SIZE	FORMAT	CONTENTS/DESCRIPTION
ITEM IDENTITY	14	N	UNIQUE IDENTITY OF THE ITEM TO BE DISPENSED
ITEM BARCODE	16	A	BARCODE TO BE SCANNED ON PICK ITEM
PRIMARY CHANNEL FOR PICK	8	N	THE CHANNEL TO PICK THE ITEM FROM
EXPIRATION DATE FOR PRIMARY	8	D	(EX. YYYYMMDD)
SECOND CHANNEL FOR PICK	8	N	THE CHANNEL TO PICK THE ITEM FROM, IF THE FIRST CHANNEL IS EMPTY.
EXPIRATION DATE FOR SECONDARY	8	D	(EX. YYYYMMDD)
PATIENT NAME	41	X	CONCATENATED FIRST AND LAST PATIENT NAME
Rx NUMBER	10	X	PRESCRIPTION NUMBER
PHARMACY LOCATION NUMBER	2	N	PHARMACY LOCATION
PATIENT INSTRUCTIONS LINE 1	48	X	DOSING INSTRUCTIONS
PATIENT INSTRUCTIONS LINE 2	48	X	DOSING INSTRUCTIONS
PATIENT INSTRUCTIONS LINE 3	48	X	DOSING INSTRUCTIONS
PREScribers NAME AND TITLE	25	X	PRESCRIBER NAME (CONCATENATION OF TITLE STRING AND DOCTOR LAST NAME)
CHIEF PHARMACIST	14	X	NRx CHIEF PHARMACIST
MEDICINE NAME	29	X	DRUG NAME
MEDICINE MANUFACTURER	29	X	DRUG MANUFACTURER
MEDICINE STRENGTH	7	X	DRUG STRENGTH
QUANTITY	5	N	COUNT OF PILLS/ITEMS
CURRENT DATE	8	D	(EX. YYYYMMDD)
BOTTLE NUMBER LITERAL	16	X	DESCRIPTION OF BOTTLE NUMBER WITHIN THE Rx, FORMAT 'BOTTLE: XX OF YY'

## APPENDIX A-1

GENERIC MESSAGE	53	X	E.G. "GENERIC SUBSTITUTION MADE FOR XXXXXXXXX" (CONCATENATED WITH MEDICINE NAME OF BRAND DRUG)
GRAPHICS FILE NAME #1	3	N	NUMERIC VALUE INDICATING AUXILIARY LABEL TO PRINT
GRAPHICS FILE NAME #2	3	N	NUMERIC VALUE INDICATING AUXILIARY LABEL TO PRINT
GRAPHICS FILE NAME #3	3	N	NUMERIC VALUE INDICATING AUXILIARY LABEL TO PRINT
GRAPHICS FILE NAME #4	3	N	NUMERIC VALUE INDICATING AUXILIARY LABEL TO PRINT
TABLET ID	15	X	
MESSAGE FIELD 1	59	X	LABEL MESSAGE
MESSAGE FIELD 2	59	X	LABEL MESSAGE
PHARMACY NAME	35	X	PHARMACY NAME
PHARMACY ADDRESS	50	X	CONCATENATED ADDRESS, CITY, STATE AND ZIP
CUSTOMER SERVICE PHONE NUMBER	14	X	FORMATTED PHONE NUMBER: "(nnn) nnn-nnnn"
DEA NUMBER	9	X	
LANGUAGE FLAG	1	N	THE LANGUAGE TO USE FOR THE LABEL PRINTING
REFILL MESSAGE FIELD 1	11	X	STRING DESCRIBING NUMBER OF REFILLS REMAINING ON THIS Rx: "yyy REFILLS" OR "NO REFILLS"
REFILL MESSAGE FIELD 2	20	X	STRING DESCRIBING THE DATE AFTER WHICH A REFILL MAY BE ORDERED: "ORDER AFTER mm/dd/yy" OR A STRING CONTAINING SPACES

## APPENDIX A-2